

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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23		1		1		
24		1		1		
25		1		1		
26	1		1			
27		1		1		
28		1		1		
29		3		1		
30		3		1		
31	1		1			
32		1		1		
33	1		1			
34		1		1		
35		2		1		
36		1		1		
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49						
50						
TOTAL IND.		5				
TOTAL DEP.		31				
TOTAL CLAIMS		36				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS